ANNUAL SPECIAL SERVICES PROGRAM REPORT
COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN ARKANSAS
SFY 2015 (7/1/2014 – 6/30/2015)

DIVISION OF BEHAVIORAL HEALTH SERVICES
DECEMBER 10, 2015

INTRODUCTION

The Special Services Program (SSP) Report focuses on services provided to specific client populations by the state's Community Mental Health Centers and Clinics (CMHCs). This report includes information regarding services provided to individuals within priority service populations as defined by the Division of Behavioral Health Services (DBHS), specific Evidenced Based Practices (EBP), and other special services provided to clients. Table 11 is a report of the total of the unduplicated number of clients served by each CMHC.

This report focuses on the Special Services Programs of CMHCs in Arkansas for SFY 2015 (July 1, 2014 through June 30, 2015). With the exception of Table 11, this report is based on aggregated data supplied to DBHS by the CMHCs. The data is not audited, but is checked for internal consistency; and, where possible, is reconciled with external independent data sources. The data from the CMHCs is compiled in the eleven tables appearing at the end of this report[1] and referenced in the sections of this report that follow. Also note that, although each CMHC reports unduplicated data, the totals calculated and reported across all Centers are not unduplicated. That is, a client may be served at more than one Center and would thus be counted more than once in the calculated total for all Centers combined. Although the amount of overlap in the data is not known, other data have shown overlap (duplication) ranging between 2.4% and 2.8% over the last three state fiscal years.

Table 1: COMMUNITY MENTAL HEALTH CENTERS AND CLINICS IN ARKANSAS

For SFY 2015, DBHS certified and contracted with thirteen Community Mental Health Centers in Arkansas. Each Center serves a designated geographic (catchment) area. All seventy-five counties in Arkansas are served by one of the thirteen certified CMHCs. TABLE 1 lists these thirteen centers, their designated abbreviation as used in the other tables, the site of their primary administrative offices, and the counties served. The table also indicates the total population of the catchment area

[1] *Some percentage changes from SFY 2014 to SFY 2015 are based on very small numbers in the reporting category and the resulting very large percentage changes need to be interpreted in this context. Also the ability of CMHCs to capture certain data elements continues to improve. For this reason, some reported changes in numbers served and services delivered may represent improved reporting rather than actual changes. It is recommended that prior to drawing any conclusions about large percentage changes from one year to the next, a review be undertaken with the provider of any differences in data collection methods that may have accounted for some or all of the noted changes. Occasionally, in the process of comparing the data submissions for the current SFY with those for the past SFY, CMHCs determine errors and make corrections to data submitted for the previous SFY. For this reason, data shown for the previous SFY in the tables below does not always match that in the previous year's Special Services Program Report.*

served by each Center based on the 2014 census estimates and the 2014 census estimates of the total adult (individuals age 18 years and older) population within each of these catchment areas. DBHS also certified two Community Mental Health Clinics: Birch Tree Communities and Gain Inc. These clinics provide specialty community mental health services focused on seriously mentally ill adults with the most challenging service needs. Additionally, Centers for Youth and Families (CYF) provides children's services as an Affiliate of the Little Rock Community Mental Health Center (LRCMHC). In the following, the acronym "CMHC" is used to make reference to the Centers, Clinics, and Affiliates combined.

Table 2: FORENSIC PRIORITY POPULATION CLIENTS SERVED (Adults, Age 18 and Older)

Trends

- *Number of 911 and jailed clients mostly unchanged*
- *Adults assessed for dangerousness to others are up 41%*
- *Four CMHCs report more than 100% increase in adults assessed for dangerousness to others*

Priority forensic clients encompass three subgroups: 1) Individuals subject to Act 911 of 1989; 2) individuals committed to the public mental health system by the courts for dangerousness to others; and 3) persons with a mental illness who are incarcerated in city or county facilities, released from these facilities, or are on probation, except to the extent that the law provides for mental health services to be provided by the Department of Correction or Arkansas Community Corrections. Act 911 clients are those individuals who have been found "not guilty by reason of mental disease or defect" and remain under court commitment to the public mental health system.

The number of unduplicated 911 clients CMHCs served in SFY2015 was relatively unchanged, decreasing 2% in total from SFY2014. However, the unduplicated number of jailed clients served increased 7%, from 2,643 in SFY2014 to 2,820 in SFY2015. The number of unduplicated clients served in jail increased 4% from 2,032 to 2,123. The number of civilly committed assessed for dangerousness to others increased 41%, with four CMHCs reporting more than 100% increase.

Table 5: FORENSIC PRIORITY POPULATION CLIENTS SERVED (Children, age 0-17)

Trends

- *Children assessed to be dangerous to others are up 59%*

The number of unduplicated jailed clients served under the age of eighteen increased 5% in SFY2015 from SFY2014, from 120 to 126. The number of clients served in jail increased 93%, from 55 to 106, meaning 84% of jailed clients were served in jail. The number of unduplicated clients civilly committed assessed for dangerousness to others rose 59%, from 17 to 27. No Center reported serving child 911 clients in either SFY 2015 or SFY 2014.

Tables 3 and 4: Evidence Based Practices (Adults)

Trends

- *Clients receiving Evidenced Based Practices up 5% across all CMHCs*
- *Clients receiving Supported Employment is up 219%*[2]
- *Clients receiving Integrated Treatment for Co-occurring diagnosis are up 30%*
- *Clients receiving Family Psycho-education are up 28%*

Evidenced Based Practices (EBP) are treatment methods that have defined practice guidelines and, in an ideal situation, there is an independent assessment of fidelity in the provision of these services to these practice guidelines. The seven adult EBPs reported in Tables 3 and 4 are practices endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and on which DBHS is required to report in the uniform block grant reporting system. This list is not exhaustive of all current evidenced based practices. Further, some promising practices being researched now will achieve the status of EBPs in the future. At the end of this document, the specific EBPs being reported here are briefly described. Reporting EBPs does present considerable challenge and inevitably involves a certain degree of judgment as to which practices are to be considered as meeting the EBP guidelines as contrasted to what might be termed routine clinical practice that incorporates some of the elements of EBPs. At this time, DBHS has no method for an independent determination of fidelity to guidelines for the

[2] This change was largely accounted for by one CMHC beginning to provide this service in SFY2015, serving 122 clients.

practices being reported. The reporting of EBPs allows DBHS to meet its related block grant federal reporting requirement and to obtain a baseline assessment of current EBP implementation. Planning regarding any future implementation of EBPs would be based on analysis of this baseline data and analysis of system needs and resources. As seen in the report, a number of CMHCs have already undertaken the provision of EBPs on their own initiative.

Among all providers and all EBPs reported, clients receiving EBPs were up 7% in SFY2015 over SFY2014. The biggest percent of increase was the number of unduplicated clients receiving Supported Employment, which increased 219% from 53 clients in SFY2014 to 169 clients in SFY2015. The next highest increase was the number of unduplicated clients receiving Integrated Treatment of Co-occurring Disorders, up 30% from 1,748 clients in SFY2014 to 2,275 clients in SFY2015. The number of unduplicated clients receiving Assertive Community Treatment decreased 19% from 307 clients in SFY2014 to 250 in SFY2015; and the unduplicated clients receiving Family Psycho-education rose 28% from 78 clients to 100 clients. The number of clients receiving supported housing and the number receiving illness self-management both declined 5% in SFY2015. Only one Center reported providing the EBP version of Medication Management to 23 clients in SFY 2015, which is down from the 250 it reported providing this service to in SFY 2014. Note, however, that all Centers provide extensive Medication Management as part of routine clinical care.

Table 6: Evidenced Based Practices (Children)

Trends

- *Clients receiving Multi-Systemic Therapy are up from 0 to 29 based on one provider (CAI)*
- *No clients received Functional Family Therapy*
- *Nine providers did not provide EBP services of any type to children*

There are three EBPs endorsed by SAMHSA for the treatment of children with Serious Emotional Disturbance (SED): Multi-Systemic Therapy, Functional Family Therapy, and Therapeutic Foster Care. The unduplicated number of clients receiving Multi-Systemic therapy increased from 0 in SFY2014 to 29 in SFY2015. There are no clients who received Functional Family Therapy in SFY2015, the same as SFY2014. The number of clients receiving Therapeutic Foster Care declined by 24 in SFY2015 from 339 to 315, a 7% decrease from SFY2014. The number of Therapeutic Foster Homes operated by mental health centers decreased 5% from 195 to 185.

Table 7: Single Point of Entry Screenings (Children)

Trends

- *Single Point of Entry screenings of children are down 27%*

CMHCs are required by contract to provide a Single-Point-of-Entry (SPOE) screening for residents of its geographical catchment area who are being considered for referral to publicly-funded inpatient care, including the Arkansas State Hospital (ASH), in order to determine whether or not the individual meets the criteria for voluntary or involuntary admission status, and whether or not alternatives to inpatient treatment are clinically appropriate and available. With the initiation of Local Acute Care (LAC) funding for adults in SFY 2004, DBHS began separately tracking and reporting on a monthly basis SPOE screening of adults and related hospital services (both local and at ASH) and Crisis Residential services. However, since the LAC data system does not tracks SPOE screening of children this service component continues to be tracked in the SSP reporting system. The number of single point of entry screenings of children performed in SFY2015 is 1,237, down 27% from the 1,685 in SFY2014. The unduplicated number of clients receiving SPOE screenings in SFY2015 was 1,045, an 18% decrease from the 1,275 performed in SFY2014.

Table 8: School Related Special Services to Children with Severe Emotional Disturbance (SED)

Trends

- *SED clients receiving Special Education services are down 27%*[3]

SED children refer to those who currently or within the last 12 months have had a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment which substantially interferes with or limits his/her role or functioning in family, school or community activities.[4] The overall unduplicated number of SED children receiving School-Based Services (SBS)

[3] *This decline was driven by a large decrease reported by a single provider (CYF) who served 657 fewer SED clients with Special Ed services (total CMHC decrease was 693 clients).*

[4] The Substance Abuse and Mental Health Services Administration is "currently developing an updated definition." This definition was taken from the Federal Register Notice 58:96, May 1993. http://www.samhsa.gov/grants/block-grants/laws-regulations.

was 8,823 in SFY2015, down 7% from 9,509 children in SFY2014. The number of unduplicated children receiving SBS from a mental health professional in SFY2015 was 6,599, up 3% from 6,383 in SFY2014. The number of unduplicated children receiving SBS from mental health paraprofessionals in SFY2015 was 6,885, down 6% from 7,304 children in SFY2014. The unduplicated number of SED children receiving Special Education Services was 1,915, down 27% from 2,608 children in SFY2014.

Table 9: Juvenile Justice Related Special Services to SED children

Trends

- *SED clients involved in the Juvenile Justice System are down 4%*
- *SED clients involved in Family In Need of Services up 15%*
- *SED clients involved in the Division of Youth Services down 19%*[5]

DBHS also tracks the number of SED children having various types of involvement with the juvenile justice system (JJS). The number of unduplicated children involved in JJS for SFY2015 was 1,329, a 4% decrease from the 1,387 children in SFY2014. The families of some children involved in JJS can petition to qualify as a Family in Need of Services (FINS). FINS status is intended for families of children who are habitually absent from school, disobedient of their parents/guardians, or absent from the home without justification. The goal of FINS is to keep the child united with his parents/guardians by providing, among other services, family therapy, psychiatric or psychological evaluation, counseling, and treatment. Of the 1,329 children involved in JJS, the number of unduplicated children involved in FINS in SFY2015 was 775, a 15% increase from the 674 children in SFY2014. The unduplicated number of children involved in the Division of Youth Services was 586 in SFY2015, a decrease of 19% from the 720 children in SFY2014.

[5] The overall decline in DYS clients served was driven by a substantial decline by a single provider (AO-HRA), who served 99 fewer clients in SFY2015 while the total decrease among all providers was 134.

Table 10: Other Special Services to SED Children

Trends

- *SED children receiving substance abuse services from CMHCs were up 15% in SFY2015*
- *Unduplicated number of SED children in Out-Of-Home Placement is down 18% in SFY2015*

DBHS also tracks the number of SED children receiving certain other special services and the numbers of special sub-populations of SED children served. The number of SED children receiving substance abuse services from Community Mental Health Centers was 459 in SFY2015, a 15% increase from the 399 children in SFY2014. The unduplicated number of SED children whose caregiver assisted in development of their child's Plan of Care was 13,650 in SFY2015, relatively unchanged from the 13,622 children in SFY2014. The unduplicated number of SED children in out-of-home placement in SFY2015 was 1,555, down 18% from the 1,905 children in SFY2014.

Table 11: Total Number of Clients Served

Under a DBHS contract with MTM Inc., CMHCs report all service events monthly in MTM's **Service Process Quality Management (SPQM)** system. The SPQM reporting includes client level demographic, diagnostic, outcome and service data. This reporting system includes system wide unique client identifiers so that unduplicated counts of clients can be produced. The total number of unduplicated clients served in SFY2015 was 70,167, a 2% increase from SFY2014. Of the SFY total, 49,728 were adults and 20,439 were children, meaning adult clients increased 4% from SFY2014 while child clients decreased 1%.

Description of Evidence Based Practices[6]

Assertive Community Treatment (ACT)

ACT is a team based approach to the provision of treatment, rehabilitation, and support services. ACT/PACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients. In this model which is typically used with clients with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care. Key aspects are low caseloads and the availability of the services in a range of settings. The service is a recommended practice in the PORT study (Translating Research Into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations. Lehman, Steinwachs, and Co-Investigators of Patient Outcomes Research Team, *Schizophrenia Bulletin*, 24(1):1-10, 1998) and is cited as a practice with strong evidence based on controlled, randomized effectiveness studies in the Surgeon General's report on mental health (U.S. Department of Health and Human Services, (1999). Chapter 4; "Adults and Mental Health." In Mental Health: A report of the Surgeon General.). Additionally, CMS (Centers for Medicare and Medicaid Services [formerly the Health Care Financing Administration (HCFA)]) recommended that state Medicaid agencies consider adding ACT to their State Plans in the HCFA Letter to State Medicaid Directors, Center for Medicaid and State Operations, June 07, 1999.

Supported Employment (SE)

Mental health Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illnesses. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. The SE team has a small client to staff ratio. SE contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits.

Supported Housing

Supported housing is defined as services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have

[6] Descriptions taken from the July, 2015 Substance Abuse and Mental Health Service Administration's Uniform Reporting System Instructions.

support staff for monitoring and/or assisting with residential responsibilities. These staff assists clients in selecting, obtaining, and maintaining safe, decent, affordable housing while maintaining a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation.
Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance, but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), and right to tenure, service choice, service individualization, and service availability.

Family Psycho-Education

Family psycho-education is offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Family psycho-education programs may be either multi-family or single-family focused. Core characteristics of family psycho-education programs include the provision of emotional support, education, resources during periods of crisis, and problem-solving skills.

Integrated Treatment for Co-Occurring Mental Health and Substance Abuse Disorders

Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.

Illness Self-Management/Recovery

Illness Self-Management and Recovery (also called illness management or wellness management) is a broad set of rehabilitation methods aimed at teaching individuals with mental illness strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and re-hospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psychoeducation about the nature of mental illness and its treatment, "behavioral

tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.

Medication Management

In the toolkit on medication management, there does not appear to be any explicit definition of medication management. However, the critical elements identified for evidence-based medication management approaches are the following:

- Utilization of a systematic plan for medication management;
- Objective measures of outcome are produced;
- Documentation is thorough and clear; and
- Consumers and practitioners share in the decision-making.

Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes.

Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors, and related syndromes. Treatment occurs in phases where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and their family. The phases are engagement, motivation, assessment, behavior change, and generalization.

Therapeutic Foster Care

Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than traditional foster parents, and they receive extensive pre-service training and in-

service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.

TABLE 1. SFY 15 Annual (7/1/14 – 6/30/15) Special Services Program Report: Certified Community Mental Health Centers and Clinics in Arkansas

1	2	3	4	5	6
Abbreviated Designation	**Center or Clinic Name**	**Total Pop**	**Total Adults**	**Administrative Office Site**	**Counties Served**
AO-HRA	Alternative Opportunities- Health Resources of Arkansas	347,744	274,100	Batesville	Cleburne, Fulton, Independence, Izard, Jackson, Sharp, Stone, Van Buren, White, Woodruff, Baxter, Boone, Marion, Newton, Searcy
BIRCH	Birch Tree Communities	-	-	Benton	
CAI	Counseling Associates, Inc	263,253	200,885	Conway	Conway, Faulkner, Johnson, Perry, Pope, Yell
CCI	Counseling Clinic, Inc.	115,719	88,215	Benton	Saline
CCS	Community Counseling Services	173,372	137197	Hot Springs	Clark, Garland, Hot Spring, Montgomery, Pike
CYF	Centers for Youth and Families	-	-	Little Rock	
Delta	Delta Counseling Associates	74,162	56,708	Monticello	Ashley, Bradley, Chicot, Desha, Drew
GAIN	GAIN, Inc.	-	-	Little Rock	
LRCMHC	Little Rock Community Mental Health Center	233,658	179,676	Little Rock	Pulaski -South of the Arkansas River
MSHS	Mid-South Health Systems	395,359	297,710	Jonesboro	Clay, Craighead, Greene, Lawrence, Mississippi, Poinsett, Randolph, Cross, Crittenden, Lee, Monroe, Phillips, St. Francis
OGC	Ozark Guidance Center	506,597	375,287	Springdale	Benton, Carroll, Madison, Washington
PCA	Professional Counseling Associates	238,905	179,046	Little Rock	Lonoke, Prairie, Pulaski-North of the Arkansas River
SeABHS	Southeast Arkansas Behavioral Healthcare Systems	131,454	101,554	Pine Bluff	Arkansas, Cleveland, Grant, Jefferson, Lincoln
SoARHC	South Arkansas Regional Health Center	110,668	85,163	El Dorado	Calhoun, Columbia, Dallas, Nevada, Ouachita, Union
SwACMH	Southwest Arkansas Counseling and Mental Health Center	116,324	87,198	Texarkana	Hempstead, Howard, Miller, Lafayette, Little River, Seveir
WACGC	Western Arkansas Counseling and Guidance Center	259,154	196,227	Fort Smith	Crawford, Franklin, Polk, Logan, Sebastian, Scott

Explanation of Columns:

3. Total population of catchment area is from the Census Bureau's 2014 population estimates based on the 2010 census. The state total 2014 census estimated population is 2,966,369.
4. Total adult (individuals age 18 years and older) population of catchment area base on 2014 census estimates. The state total 2014 estimated census population is 2,259,350 for adults and 707,019 for children.

TABLE 2. SFY 15 Annual (7/1/14 – 6/30/15) Report of Services to Forensic Priority Populations-Adults (18 and older)

1	2			3			4			5		
CMHC-See Table 1	Unduplicated Number of 911 Clients Served			Unduplicated Number of Jailed Clients Served			Unduplicated Number of Clients Served in Jail			Unduplicated Number of Civilly Committed Assessed for Dangerousness to Others		
	2014	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*
AO-HRA	16	18	13%	467	444	-5%	446	430	4%	5	109	2080%
Birch	134	117	-13%	1	0	-100%	1	0	-100%	35	25	-29%
CAI	5	12	140%	446	621	39%	12	112	833%	5	15	200%
CCI	3	3	0%	55	52	-5%	43	48	12%	8	7	-13%
CCS	5	3	-40%	72	73	1%	72	73	1%	88	185	110%
CYF	0	0	-	0	3	-	0	0	-	0	2	-
Delta	1	1	0%	35	30	-14%	17	15	-12%	14	34	143%
GAIN	41	41	0%	1	4	300%	0	0	-	0	0	-
LRCMHC	9	10	11%	25	11	-56%	2	11	450%	0	0	-
MSHS	180	182	1%	931	1039	12%	894	951	6%	165	151	-8%
OGC	23	22	-4%	48	43	-10%	27	18	-33%	0	7	-
PCA	6	6	0%	60	87	45%	46	73	59%	20	20	0%
SeABHS	2	2	0%	20	65	225%	0	65	-	58	65	12%
SoARHC	4	4	0%	13	21	62%	12	12	0%	23	16	-30%
SwACMHC	24	31	29%	41	43	5%	32	31	-3%	80	69	-14%
WACGC	18	9	-50%	428	284	-34%	428	284	-34%	0	0	-
TOTAL	471	461	-2%	2,643	2,820	7%	2,032	2,123	4%	501	705	41%

The % Chg Columns give the percent change for SFY 2015 totals compared to SFY 2014 totals.
See Narrative Report for detailed description of and comment on data presented in this table.

TABLE 3. SFY 15 Annual (7/1/14 – 6/30/15) Report of Provision of Evidenced Based Practices to SMI Adults (18 and older)-Section I

1	2			3			4			5		
CMHC-See Table 1	Unduplicated Number Receiving Assertive Community Treatment			Unduplicated Number Receiving Supported Employment			Unduplicated Number Receiving Supported Housing			Unduplicated Number Receiving Family Psycho-education		
	2014	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*
AO-HRA	0	0	-	0	122	-	66	71	8%	35	37	6%
Birch	0	0	-	53	47	-11%	282	256	-9%	20	20	0%
CAI	0	0	-	0	0	-	0	0	-	0	0	-
CCI	0	0	-	0	0	-	205	205	0%	19	40	111%
CCS	0	0	-	0	0	-	0	0	-	0	0	-
CYF	0	0	-	0	0	-	0	0	-	0	0	-
Delta	0	0	-	0	0	-	0	0	-	0	0	-
GAIN	122	130	7%	0	0	-	0	0	-	0	0	-
LRCMHC	0	0	-	0	0	-	231	230	0%	0	0	-
MSHS	90	101	12%	0	0	-	146	126	-14%	0	0	-
OGC	95	19	-80%	0	0	-	0	0	-	0	0	-
PCA	0	0	-	0	0	-	0	0	-	4	3	-25%
SeABHS	0	**0**	-	0	**0**	-	0	**0**	-	0	**0**	-
SoARHC	0	0	-	0	0	-	0	0	-	0	0	-
SwACMHC	0	0	-	0	0	-	0	0	-	0	0	-
WACGC	0	0	-	0	0	-	0	0	-	0	0	-
TOTAL	307	250	-19%	53	169	219%	930	888	-5%	78	100	28%

The % Chg Columns give the percent change for SFY 2015 totals compared to SFY 2014 totals.
See Narrative Report for detailed description of and comment on data presented in this table.

TABLE 4. SFY 15 Annual (7/1/14 – 6/30/15) Report of Provision of Evidenced Based Practices to SMI Adults (18 and older)-Section II

1	2			3			4		
CMHC-See Table 1	Unduplicated Number Receiving Integrated Treatment of Co-occurring Disorders			Unduplicated Number Receiving Illness Self-Management			Unduplicated Number Receiving Medication Management (EBP version only)		
	2014	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*
AO-HRA	85	193	127%	0	0	-	0	0	-
Birch	187	179	-4%	430	422	-2%	0	0	-
CAI	0	61	-	0	0	-	0	0	-
CCI	38	40	5%	142	205	44%	0	0	-
CCS	0	0	-	0	0	-	0	0	-
CYF	0	0	-	0	0	-	0	0	-
Delta	0	0	-	0	0	-	0	0	-
GAIN	52	70	35%	0	0	-	0	0	-
LRCMHC	0	0	-	75	75	0%	0	0	-
MSHS	0	0	-	951	840	-12%	0	0	-
OGC	0	66	-	140	137	-2%	250	23	-91%
PCA	510	547	7%	41	23	-44%	0	0	-
SeABHS	276	256	-7%	0	0	-	0	0	-
SoARHC	0	0	-	0	0	-	0	0	-
SwACMHC	0	0	-	0	0	-	0	0	-
WACGC	600	863	44%	70	50	-29%	0	0	-
TOTAL	1,748	2,275	30%	1,849	1,752	-5%	250	23	-91%

The % Chg Columns give the percent change for SFY 2015 totals compared to SFY 2014 totals.
See Narrative Report for detailed description of and comment on data presented in this table.

TABLE 5. SFY 15 Annual (7/1/14 – 6/30/15) Report of Services to Forensic Priority Populations-Children (Under age 18)

1	2			3			4			5		
CMHC-See Table 1	Unduplicated Number of 911 Clients Served			Unduplicated Number of Jailed Clients Served			Unduplicated Number of Clients Served in Jail			Unduplicated Number of Civilly Committed Assessed for Dangerousness to Others		
	2014	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2013*	*2015*	*% Chg*
AO-HRA	0	0	-	10	13	30%	0	12	-	0	0	-
Birch	0	0	-	0	0	-	0	0	-	0	0	-
CAI	0	0	-	13	18	38%	0	6	-	0	0	-
CCI	0	0	-	0	0	-	0	0	-	0	0	-
CCS	0	0	-	9	10	11%	9	10	11%	5	23	360%
CYF	0	0	-	1	1	0%	0	0	-	0	0	-
Delta	0	0	-	0	0	-	0	0	-	7	1	-86%
GAIN	0	0	-	0	0	-	0	0	-	0	0	-
LRCMHC	0	0	-	0	0	-	0	0	-	0	0	-
MSHS	0	0	-	41	62	51%	37	58	57%	0	0	-
OGC	0	0	-	6	3	-50%	6	3	-50%	0	0	-
PCA	0	0	-	2	1	-50%	2	1	-50%	0	0	-
SeABHS	0	0	-	35	16	-54%	0	16	-	0	0	-
SoARHC	0	0	-	0	0	-	0	0	-	0	0	-
SwACMHC	0	0	-	3	2	-33%	1	0	-100%	5	3	-40%
WACGC	0	0	-	0	0	-	0	0	-	0	0	-
TOTAL	0	0	-	120	126	5%	55	106	93%	17	27	59%

The % Chg Columns give the percent change for SFY 2015 totals compared to SFY 2014 totals.
See Narrative Report for detailed description of and comment on data presented in this table.

TABLE 6. SFY 15 Annual (7/1/14 – 6/30/15) Report of Provision of Evidenced Based Practices to SED Children (Under age 18)

1	2			3			4			5		
CMHC-See Table 1	Unduplicated Number Receiving Multisystemic Therapy (MST)			Unduplicated Number Receiving Functional Family Therapy (FFT)			Unduplicated Number Receiving Therapeutic Foster Care			Number of Therapeutic Foster Homes Operated by Center		
	2014	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*
AO-HRA	0	0	-	0	0	-	25	26	4%	12	11	-8%
Birch	0	0	-	0	0	-	0	0	-	0	0	-
CAI	0	29	-	0	0	-	32	22	-31%	20	23	15%
CCI	0	0	-	0	0	-	0	0	-	0	0	-
CCS	0	0	-	0	0	-	0	0	-	0	0	-
CYF	0	0	-	0	0	-	101	88	-13%	50	45	-10%
Delta	0	0	-	0	0	-	0	0	-	0	0	-
GAIN	0	0	-	0	0	-	0	0	-	0	0	-
LRCMHC	0	0	-	0	0	-	0	0	-	0	0	-
MSHS	0	0	-	0	0	-	123	113	-8%	65	66	2%
OGC	0	0	-	0	0	-	20	30	50%	13	13	0%
PCA	0	0	-	0	0	-	0	0	-	0	0	-
SeABHS	0	0	-	0	0	-	0	0	-	0	0	-
SoARHC	0	0	-	0	0	-	0	0	-	0	0	-
SwACMHC	0	0	-	0	0	-	24	25	4%	13	17	31%
WACGC	0	0	-	0	0	-	14	11	-21%	22	10	-55%
TOTAL	0	29	-	0	0	-	339	315	-7%	195	185	-5%

The % Chg Columns give the percent change for SFY 2015 totals compared to SFY 2014 totals.
See Narrative Report for detailed description of and comment on data presented in this table.

TABLE 7. SFY 15 Annual (7/1/14 – 6/30/15) Report of SPOE Screenings of Children (Under age 18)

1	2			3		
CMHC-See Table 1	Number of Single-Point-Of-Entry (SPOE) Screenings Performed			Unduplicated Number of Clients Receiving an SPOE Screening		
	2014	*2015*	*% Chg*	*2014*	*2015*	*% Chg*
AO-HRA	110	84	-24%	83	84	1%
Birch	0	0	-	0	0	-
CAI	172	180	5%	156	169	8%
CCI	19	18	-5%	19	18	-5%
CCS	5	24	380%	5	23	360%
CYF	90	60	-33%	50	38	-24%
Delta	69	64	-7%	67	59	-12%
GAIN	0	0	-	0	0	-
LRCMHC	0	0	-	0	0	-
MSHS	401	509	27%	297	404	36%
OGC	14	20	43%	7	17	143%
PCA	13	7	-46%	13	7	-46%
SeABHS	122	114	-7%	94	91	-3%
SoARHC	563	106	-81%	393	90	-77%
SwACMHC	92	41	-55%	76	36	-53%
WACGC	15	10	-33%	15	9	-40%
TOTAL	1685	1237	-27%	1275	1045	-18%

The % Chg Columns give the percent change for SFY 2015 totals compared to SFY 2014 totals.
See Narrative Report for detailed description of and comment on data presented in this table.

TABLE 8. SFY 15 Annual (7/1/14 – 6/30/15)) Report of School Related Special Service to SED Children (Under age 18)

1	2			3			4			5		
CMHC-See Table 1	Unduplicated number of SED children receiving school based services			Unduplicated number receiving school based services from mental health professional			Unduplicated number receiving school based services from mental health paraprofessional			Unduplicated number of SED children receiving Special Education Services (SES)		
	2014	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*
AO-HRA	601	675	12%	550	675	23%	475	580	22%	145	161	11%
Birch	0	0	-	0	0	-	0	0	-	0	0	-
CAI	1,048	1,216	16%	763	929	22%	873	999	14%	113	130	15%
CCI	160	187	17%	160	187	17%	121	49	-60%	89	102	15%
CCS	1,502	1,034	-31%	1,502	1,034	-31%	1,211	870	-28%	129	146	13%
CYF	564	527	-7%	340	335	-1%	350	360	3%	1,375	718	-48%
Delta	149	216	45%	128	125	-2%	139	216	55%	70	65	-7%
GAIN	0	0	-	0	0	-	0	0	-	0	0	-
LRCMHC	0	0	-	0	0	-	0	0	-	0	0	-
MSHS	1,375	1,452	6%	1,118	1,199	7%	1,180	1,195	1%	431	391	-9%
OGC	1,147	912	-20%	1,138	884	-22%	761	503	-34%	45	41	-9%
PCA	215	104	-52%	0	0	-	215	104	-52%	0	0	-
SeABHS	1,345	1,170	-13%	0	0	-	666	1116	68%	0	0	-
SoARHC	486	290	-40%	351	191	-46%	417	213	-49%	79	52	-34%
SwACMHC	173	179	3%	173	179	3%	124	135	9%	61	63	3%
WACGC	744	861	16%	160	861	438%	772	545	-29%	71	46	-35%
TOTAL	9,509	8,823	-7%	6,383	6,599	3%	7304	6885	-6%	2,608	1,915	-27%

The % Chg Columns give the percent change for SFY 2015 totals compared to SFY 2014 totals.
See Narrative Report for detailed description of and comment on data presented in this table.

TABLE 9. SFY 15 Annual (7/1/14 – 6/30/15) Report of Juvenile Justice Related Special Services to SED Children (Under age 18)

1	2			3			4		
CMHC-See Table 1	Unduplicated number of SED children Involved in Criminal Justice System			Unduplicated Number of SED children involved in FINS			Unduplicated Number of SED children involved in Division of Youth Services		
	2014	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*
AO-HRA	400	315	-21%	231	224	-3%	311	212	-32%
Birch	0	0	-	0	0	-	0	0	-
CAI	62	59	-5%	41	37	-10%	0	0	-
CCI	159	145	-9%	50	57	14%	159	145	-9%
CCS	69	63	-9%	43	36	-16%	14	14	0%
CYF	58	53	-9%	57	52	-9%	1	1	0%
Delta	97	102	5%	72	67	-7%	5	0	-100%
GAIN	0	0	-	0	0	-	0	0	-
LRCMHC	0	0	-	0	0	-	0	0	-
MSHS	196	196	0%	55	120	118%	31	31	0%
OGC	40	116	190%	35	81	131%	2	3	50%
PCA	91	80	-12%	6	6	0%	91	80	-12%
SeABHS	23	48	109%	0	33	-	9	2	-78%
SoARHC	39	30	-23%	29	27	-7%	0	3	-
SwACMHC	100	95	-5%	31	25	-19%	68	70	3%
WACGC	53	27	-49%	24	10	-58%	29	25	-14%
TOTAL	1,387	1,329	-4%	674	775	15%	720	586	-19%

The % Chg Columns give the percent change for SFY 2015 totals compared to SFY 2014 totals.
See Narrative Report for detailed description of and comment on data presented in this table.

TABLE 10. SFY 15 Annual (7/1/14 – 6/30/15) Report of Other Special Services to SED Children (Under age 18)

1	2			3			4		
CMHC-See Table 1	Unduplicated Number of SED children receiving substance abuse services from CMHC			Unduplicated Number of SED children whose caregiver assisted in development of POC			Unduplicated number of SED children in Out-Of-Home Placement		
	2014	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*
AO-HRA	35	33	-6%	942	1,023	9%	104	118	13%
Birch	0	0	-	0	0	-	0	0	-
CAI	25	39	56%	1,220	1,373	13%	88	190	116%
CCI	25	28	12%	160	187	17%	45	52	16%
CCS	1	7	600%	1,927	1,214	-37%	123	128	4%
CYF	0	5	-	1,618	1,436	-11%	482	499	4%
Delta	0	0	-	451	358	-21%	124	110	-11%
GAIN	0	0	-	0	0	-	0	0	-
LRCMHC	0	0	-	0	0	-	0	0	-
MSHS	59	57	-3%	2,499	2,725	9%	384	290	-24%
OGC	60	31	-48%	1,147	912	-20%	184	298	62%
PCA	33	21	-36%	475	513	8%	127	0	-100%
SeABHS	11	20	82%	676	1,032	53%	97	73	-25%
SoARHC	2	2	0%	297	416	40%	27	20	-26%
SwACMHC	1	15	1400%	315	365	16%	68	21	-69%
WACGC	147	201	37%	1,895	2,096	11%	52	46	-12%
TOTAL	399	459	15%	13,622	13,650	0%	1,905	1,555	-18%

The % Chg Columns give the percent change for SFY 2015 totals compared to SFY 2014 totals.
See Narrative Report for detailed description of and comment on data presented in this table.

TABLE 11 SFY 15 Annual (7/1/14 – 6/30/15) Unduplicated Count of Total Number of Clients Served

1	2			3			4		
CMHC-See Table 1	Total Children Served (0-17 years old)			Total Adults Served (18 years and older)			Total Clients Served (Children & Adults)		
	2014	*2015*	*% Chg*	*2014*	*2015*	*% Chg*	*2014*	*2015*	*% Chg*
AO-HRA	1,101	1,029	-7%	5,798	5,804	0%	6,899	6,833	-1%
Birch	0	0	-	557	529	-5%	557	529	-5%
CAI	1,969	2,054	4%	4,925	5,101	4%	6,894	7,155	4%
CCI	687	707	3%	1,825	1,854	2%	2,512	2,561	2%
CCS	1863	1704	-9%	2,811	3,225	15%	4,674	4,929	5%
CYF	1,430	1,326	-7%	136	167	23%	1,566	1,493	-5%
Delta	762	576	-24%	1,736	1,713	-1%	2,498	2,289	-8%
GAIN	0	0	-	133	136	2%	133	136	2%
LRCMHC	0	0	-	2,803	2,970	6%	2,803	2,970	6%
MSHS	3479	3727	7%	7,295	8,693	19%	10,774	12,420	15%
OGC	4113	4152	1%	4,290	4,000	-7%	8,403	8,152	-3%
PCA	499	364	-27%	2,472	1,681	-32%	2,971	2,045	-31%
SeABH	1459	1364	-7%	3,498	3,569	2%	4,957	4,933	0%
SoARHC	922	895	-3%	2,857	2,936	3%	3,779	3,831	1%
SwACMHC	615	611	-1%	2,857	2936	3%	3,472	3,547	2%
WACGC	1787	1930	8%	3,929	4,414	12%	5,716	6,344	11%
TOTAL	20,686	20,439	-1%	47,922	49,728	4%	68,608	70,167	2%

The % Chg Columns give the percent change for SFY 2015 totals compared to SFY 2014 totals.
See Narrative Report for detailed description of and comment on data presented in this table.